MCKNIGHT BRAIN RESEARCH FOUNDATION (MBRF)
Meeting of the Education Committee of the Board of Trustees

Sunday, March 13, 2022
5:00 pm – 6:00 pm EST
(Zoom Invitation Sent in Email)

Committee Members: Dr. Allison Brashear, Chair; Dr. Patricia Boyle, Dr. John Brady, Dr. Mike Dockery, Dr. Richard Isaacson

Also Attending: Ms. Amy Porter, Valerie Patmintra

AGENDA

5:00 pm EST ACTION	1.	Call to Order/ Roll Call a. Minutes from February 18, 2021 Meeting b. Updated Committee Activity Timeline	Dr.Brashear
	2.	MBRF Priority – Outreach to Primary Care Physicians (PCPs)	Dr. Brashear
		a. Review of MBRF Education Priority Statement and resources on McKnightBrain.org	Dr. Brashear
		b. Discussion of Membership & Governance Committee's Recommendation to the Board of Trustees for trustee review on March 23, 2022	Dr. Dockery
		c. Discussion of Education Goals and Strategies	All
		d. Discussion of Role of Sr. Advisor, Education • Duties and Responsibilities of Sr. Advisor, Communications included as an example for discussion	All
		e. Discussion of role and ideal make up of Education Working Group • Charter of Communications Working Group included as an example for discussion	All
	3.	Next Steps	Dr. Brashear
6:00 pm EST ACTION	4.	Adjourn	Dr. Brashear

MINUTES
MCKNIGHT BRAIN RESEARCH FOUNDATION
EDUCATION COMMITTEE OF THE BOARD OF TRUSTEES CONFERENCE CALL
February 18, 2021

The McKnight Brain Research Foundation's Education Committee conference call began at 5:30 p.m. Eastern on Thursday, February 18, 2021.

The following MBRF Trustees participated in the call:

Dr. Robert M. Wah, Chair,
Dr. Gene G. Ryerson,
Dr. Richard Isaacson,
Dr. Patricia Boyle,
Dr. Allison Brashear, and
Dr. Mike Dockery, MBRF Chair

Ms. Amy Porter, Ms. Melanie Cianciotto and Ms. Valerie Patmintra also participated.

1. Call to Order and Roll Call

Dr. Wah opened the call and welcomed those in attendance. Dr. Wah pointed out a typo that needs to be corrected, under Item 4 illicit should be changed to elicit and asked for approval of the minutes from the June 30, 2020, conference call. Dr. Wah reviewed the Updated Activity Timeline with the Committee and provided an overview to the new committee members.

2. Educational Resources for Primary Care Physicians

Dr. Wah shared the Education Statement with the committee and provided an overview of the statement for the new committee members. After discussion with the committee, it was agreed that the 87% statistic should be revised in the Education Statement and the language around the statistic be softened on the website.

Dr. Wah shared the PCP Web Content and Outline with the committee. Dr. Boyle suggested including one or two of the commonly used assessment tools. It was also suggested Dr. Krikorian assist with the wireframe. A PCP focus group should also be established.

3. New Content on McKnight Brain.org

Ms. Patmintra shared an overview and schedule for the McKnight Brain Expert Interview Blog Series with the committee and asked if the committee could provide names of other experts to be interviewed. Dr. Boyle shared that resilience, loneliness and old age are some areas that should be covered in the blog interviews. Dr. Boyle will share names of potential interviewees with Ms. Patmintra.

Dr. Isaacson shared an overview of his interview with Dr. Sanjay Gupta and the committee discussed ways the MBIs could use the video. Ms. Patmintra suggested co-branding the video with the institutes and having them share it on their websites.

4. Virtual Inter-Institutional Meeting Hosted by UM

The committee reviewed the latest draft of the Agenda for the April Virtual Inter-Institutional Meeting. Dr. Ryerson suggested Session IV, Data Blitz should be changed. Instead of five minutes for presentation and five minutes for discussion, Dr. Ryerson suggested the ten minutes should be used to present the material as an abstract presentation. Ms. Porter will share Dr. Ryerson's suggestion with Dr. Tatjana Rundek and Ms. Susan Fox Rosellini.

5. Next Steps and Adjournment

Dr. Wah thanked the participants for their time and participation on the call and ended it at 6:40 pm Eastern time.

Education Committee Activity Timeline
For the Period July 1, 2021, to August 1, 2022

Updated February, 2022

Duty (from Committee Charter)	Activity/Action	Outcome	Date	Comments
"…shall develop information and resources (for the public and scientific community) on prevalence and impact of age-related cognitive decline and memory loss….	Work toward alignment of messages across the MBIs and MBRF Make substantive judgments on content and quality of educational content/statements developed for or posted on the website	Key Messages Were Approved and Distributed in Spring 2019	July 1 – ONGOING ONGOING Review of Topics and Content for Primary Care Physician (PCP) pages on website February 2021	The Education Committee reviews content before it is posted on website, published, or included in print materials or slide presentations, ensuring consistency with key messages. The committee reviews for accuracy, soundness, and alignment with the MBRF mission and current scientific understanding and clinical practice. (The Research Committee also reviews content before making public.)
	A top priority for the committee and MBRF, as approved by the Trustees, is to identify and/or develop educational content for primary care physicians and to oversee the ongoing posting of additional information	The committee approved an outline of resources for the PCP Area on McKnightBrain.org The committee approved drafting content for the PCP area of the website based on the approved outline navigation of the section	DONE June 30, 2020 DONE September/ October/November	

Duty (from Committee Charter)	Activity/Action	Outcome	Date	Comments
		The committee reviewed proposed navigation and drafted content for the Primary Care Physician (PCP) pages of the website Content will be revised and edited to include feedback from the committee and used to build out a mock-up of the PCP section An Update to the Trustees will be provided The PCP section will be shared with suggested primary care physicians for feedback and suggestions. New Trustee, Dr. John Brady, is a member of the Education Committee and his expertise will be instrumental in helping to develop strategy and content	DONE February 2021 DONE February – March 2021 DONE April 30, 2021 Winter/Spring 2022	
And…" assist those living with age-related cognitive decline and memory loss"	Website content developed for individuals, families and caregivers of those with age-related cognitive decline and memory loss	Add links to approved articles as appropriate but development of content is on hold until PCP content is identified and developed.	Winter/Spring 2022	
Inform "…how to better maintain brain health…"	Website content developed for individuals on how to protect, maintain brain health	Add links to approved publications and articles	July 1 – ONGOING	Committee Reviews before Posting

Duty (from Committee Charter)	Activity/Action	Outcome	Date	Comments
"shall review all educational materials…:	Brochure copy in development to raise awareness and promote the MBIs and MBRF to individuals, partners, donors	Review of Brochure was conducted and committee concurs with suggestions by Communications Committee	DONE Posted on website January 2021	
"Identify educational opportunities and implement activities…to encourage MBIs…inspire commitment and shared vision"	12th Annual Inter-institutional Meeting 13th Annual Inter-institutional Meeting Mar 23-25, 2022 UA McKnight Scholars Will be invited to next Inter-institutional Meeting	2020 Meeting was canceled 2021 Meeting will be virtual Draft Program Presented to MBRF Trustees for Review. Suggestions were made by Trustees and adopted by the Leadership Council. Develop Feature on McKnight Scholars on McKnightBrain.org	April 28 & 29 2021 Two half days Research Cmte reviewed on Oct 21 2021 DONE Posted April 2021	DONE Was reviewed by Trustees on Oct. 28, 2022 Will be reviewed again Feb. 9, 2022 Will help promote scholarship and engage scholars
	McKnight Scholars Dinner at AAN	2020 Toronto, AAN Meeting was canceled 2021 Virtual AAN Meeting	April 17 – 22, 2021	Held over - MBRF approved funding of $4,000 to cover travel, hotel for the night, dinner, UM staff travel To be applied in 2022
	William G. Luttge Annual Lectureship in Neuroscience at the University of Florida	Annual Lectureship by research scientist of National or International prestige in the field of neurosciences	Held in March/April each year in conjunction with Brain Awareness week. 7th lectureship was by Dr. George Koop March 11, 2019 2020 Lecture was canceled.	Annual Lectureship established honoring the Founding Director of the Evelyn F. and William L. McKnight Brain Institute at the University of Florida Events as part of the William G. Luttge Lecture

			2021 Lecture to be held in Fall 2021 2022 Virtual Lectures January 13 - Dr. Alexis Stranahan, PhD, UF Feb 24 – Dr. Perla Moreno Castilla, PhD, "Rising Star" Luttge Lecturer, NIA March 3 – Dr. Dan Nicholson, PhD, Rush March 31 – Dr. Kirk Erickson, PhD, University of Pittsburgh	Series were expanded in 2021 to become a Lecture Series. See Attached information for 2022 Lectures
"work to elevate the importance of age-related cognitive decline and memory loss on the national agenda…(work toward) greater investment in research and education by federal health agencies…."	IOM Study	"Public Health Dimensions of Cognitive Health" was released by the IOM (see attached document) Working Group formed under the lead of Dr. Molly Wagster	DONE April 14, 2015 CURRENTLY NOT MEETING	Study funded by MBRF and federal agencies (NIA, CDC, NINDS, HHS), AARP, Retirement Research Foundation
		MBRF has initiated and implemented several of the IOM recommendations.	ONGOING	

Duty (from Committee Charter)	Activity/Action	Outcome	Date	Comments
		Dr. Lee Dockery was in contact with IOM (now Academy of Medicine) about issuing a report on progress	October 23, 2019 NOT TO BE PURSUED	This would be unusual for the Academy of Medicine to do per Dr. Molly Wagster.
"work to elevate the importance of age-related cognitive decline and memory loss on the national agenda…" continued		Dr. Ralph Sacco, former President of AAN, recommended to AAN that they support adding age-related cognitive decline and memory loss to curricula for requirements	July 11, 2019	Letters were sent from AAN to MBRF, American Board of Psychiatry and Neurology, and ACGME
		Dr. Robert Wah and Dr. Lee Dockery spoke by phone with Dr. Gordon Smith, Chair, AAN Education Committee, and Dr. Jaffar Khan, Chair, AAN Graduate Education Subcommittee, to discuss collaborative steps	August 8, 2019	

Duty (from Committee Charter)	Activity/Action	Outcome	Date	Comments
		Follow-up communication with Drs. Smith and Kahn and Kathy Malloy re: schedule for review of special requirements by ACGME	DONE September 16, 2019 June 2020 NOT TO BE PURSUED	On distribution list for ACGME e-Communication with schedule for review of special requirements Committee feels they've done all they can do at this time.
	Discuss strategy to achieve MBRF Education goals, reach Primary Care Physicians and the Public. Discuss benefits of additional staffing and advisory groups working with the MBRF		March 13, 2022	

2022 Virtual Luttge Lecture Series
UF MBI

Upcoming Spring 2022 CAM-sponsored Luttge Lecture Seminar Speakers

Dr. Alexis Stranahan, PhD (Associate Professor in the Department of Neuroscience & Regenerative Medicine) will be the CAM sponsored speaker on January 13, 2022. Dr. Stranahan's research focuses on microglial and neurovascular regulation of hippocampal function in metabolic disorder. Her lab studies the regulation of synaptic plasticity and cognition by metabolic stress at the behavioral. Electrophysiological, and cellular levels. They define 'metabolic stress' broadly to encompass responses to exercise and caloric restriction at one extreme, and changes occurring in obesity and diabetes at the opposite end of this continuum. The long-term goal is to understand how neurons, glia, and cerebrovascular cells sense and respond to homeostatic challenges.

RISING STAR Dr. Perla Moreno Castilla, PhD (Postdoctoral Fellow in the Neurocognitive Aging Section, National Institute on Aging) will be the CAM sponsored speaker on February 24, 2022. Dr. Moreno-Castilla's research projects aim to understand inter-individual differences in hippocampal circuit engagement and elucidate the role of extracellular vesicles containing the synaptic protein Arc in the successful neuroadaptation in aging.

Dr. Dan Nicholson, PhD (Associate Professor of Neurological Sciences, Rush University) will be the CAM sponsored speaker on March 3, 2022. Dr. Nicholson's lab is interested in the neurobiology of cognitive aging, Alzheimer's disease and epilepsy. They bring to bear numerous techniques to unveil the events and pathogens that ultimately lead to brain failure, including electron microscopy, patch-clamp physiology, immunofluorescence array tomography, immunoprecipitation assays and mass spectrometry.

Dr. Kirk Erickson, PhD will be the CAM sponsored speaker on March 31, 2022 (Professor in the Department of Psychology, University of Pittsburgh) will be the CAM sponsored speaker on March 31, 2022. Dr. Erickson research interests range from cognitive neuroscience, aging, neuroplasticity, genetics, and molecular mechanisms of cognitive function. He is currently the Principal Investigator of the BACH lab and is continuing his research on how the brain changes in late adulthood and the factors that promote successful aging.

McKNIGHT BRAIN RESEARCH FOUNDATION

Preserving memory, enhancing life

Education Statement

The McKnight Brain Research Foundation is the only private foundation dedicated exclusively to solving the mysteries of the aging brain and helping people achieve a lifetime of cognitive health. Elevating public awareness and understanding of cognitive aging and age-related memory loss is one of the Foundation's highest priorities. To meet this mission, we're working to fill educational gaps and help primary care physicians recognize the signs of cognitive aging and age-related cognitive decline in order to help patients take action to maintain their brain health.

While one in eight people age 65 and older (13 percent) develops Alzheimer's disease, the remaining 87 percent are experiencing cognitive changes attributable to the normal aging process to varying degrees. Unlike Alzheimer's disease and other neurodegenerative diseases, cognitive aging is not defined by a neurological or psychiatric disease or process. The brain changes associated with aging are part of a natural process that starts at birth and continues throughout the lifespan. While the brain ages just like the rest of the body, there is increasing evidence that cognition and brain health can be maintained with behavioral and lifestyle changes.

As the first point of contact to interact with patients, primary care physicians are best positioned to identify patients at-risk for or experiencing cognitive changes due to aging. With the information and resources provided by the MBRF, they can and should be able to recommend or conduct screening during wellness visits and offer diet, exercise and lifestyle changes that have been proven to help maintain brain health. To learn more about these evidence-based recommendations and the importance of screening for cognitive changes, please visit the McKnight Brain Research Foundation website at: mcknightbrain.org.

Primary Care Physicians Content on McKnightBrain.org

I. Cognitive Aging

Cognitive Aging 101

Cognitive aging refers to changes in the ability to think, learn and remember that occur as individuals age. It is a natural process that can have both positive and negative effects, which may vary widely from person to person. Brains age at different rates and in different ways. While wisdom, experience and knowledge increase with age, other abilities like processing speed (the time it takes to perform mental tasks), decision-making and some types of memory may decline with age.

Cognitive aging is not a disease. The brain changes associated with aging are part of a natural process that starts at birth and continues throughout the lifespan. While cognitive aging cannot be prevented, it is important to note, not everyone will experience cognitive changes as they age and there are steps everyone can proactively take to optimize their brain and cognitive health.

What is Cognitive Health?

Cognitive health is the ability to clearly think, learn and remember. Cognitive health is a marker of overall brain health and is essential for maintaining independence and wellbeing as people age.

A growing body of scientific research suggests the following factors promote cognitive health in old age. Helping your patients adopt these recommendations may go along way toward helping them function better as they age.

Tips for Cognitive Health

1. **Maintain Physical Health**
    a. Make sure patients get the health screenings recommended for their age.
    b. Talk with patients about the medicines they take and discuss the possible side effects they may have on memory, sleep and brain function.
    c. Encourage limited use of alcohol.
    d. If patients smoke, urge them to quit smoking and to avoid other nicotine products.
    e. Encourage patients to get enough sleep – aiming for 7-8 hours.

2. **Manage high blood pressure and other vascular conditions**
    a. Preventing or controlling high blood pressure may help the brain in addition to helping the heart.
    b. Observational studies have shown having high blood pressure in midlife – from the 40's to early 60's – increases the risk of cognitive decline later in life.
    c. Help patients manage any other chronic health problems they may have, like diabetes, high blood pressure and high cholesterol.

3. **Eat healthy foods**
    a. Encourage patients to eat a healthy diet consisting of a variety of fruits and vegetables, whole grains, lean meats, fish, poultry, and low-fat or nonfat dairy products. A healthy diet can reduce the risk of many chronic diseases and promote brain health.
    b. Limit the amount of solid fats, sugar and salt in your patients' diets.
    c. Focus on portion size control; obesity is associated with cognitive decline in old age.
    d. Make sure patients know to stay hydrated by drinking plenty of water.

4. **Engage in physical activity**
    a. Physical activity is beneficial for the brain and cognition. Aerobic exercise, like brisk walking or even walking at a comfortable pace, may be more beneficial for cognitive health than nonaerobic exercises, like stretching and toning.
    b. Tell your patients to aim for 30 minutes of physical activity every day.

5. **Keep the mind active**
    a. Staying intellectually engaged is one of the most powerful things people can do to maintain brain health. Encouraging your patients to read books; play games, like chess; solve crosswords; or learn a new skill, like a foreign language or photography can reduce their risk of developing cognitive impairment.
    b. Personally meaningful activities like volunteering or spending time reading or playing games with grandchildren, can increase the sense of purpose people have in life and provide a sense of meaning and connection that offers both cognitive and psychological benefits.

6. **Stay connected**
    a. Connecting with people through social activities and community programs can keep the brain active and help people stay engaged with the world around them.
    b. Participating in social activities may improve cognition and lower the risk of other health problems. It also helps improve mood and psychological functioning.
    c. Encourage patients to deepen their connections with others by spending time and sharing personal experiences with those they feel close to and enjoy.

7. **Manage stress and other mental health issues**
    a. Stress is a natural part of life, but over time, chronic stress can negatively impact the brain, affect memory, and increase the risk for Alzheimer's and related dementia.
    b. Depression and substance abuse can also impair cognition and may increase the risk of dementia.
    c. Encourage patients to manage their stress by getting help from a counselor or therapist, reaching out to friends and family for support, writing in a journal, and practicing relaxation techniques. Exercise also helps people stay positive.

Brain Health Facts

Brain health refers to how well a person's brain functions across several areas. Aspects of brain health include:

- **Cognitive health** – how well a person thinks, learns and remembers;
- **Motor function** – how well a person makes and controls their movements, including balance;
- **Emotional function** – how well a person interprets and responds to emotions (both pleasant and unpleasant); and
- **Tactile function** – how well a person feels and responds to sensations of touch, including pleasure, pain and temperature.

Brain health can be affected by age-related changes in the brain; diseases, like Alzheimer's disease; injuries, such as stroke or traumatic brain injury; and mood disorders, like depression, substance abuse or addiction.

Follow the steps below to help your patients maintain their brain health:

1. Encourage and monitor physical activity.
2. Monitor blood pressure, weight, and cholesterol levels to reduce and manage the risk for cardiovascular diseases.
3. Ask about any changes they have noticed in their cognitive abilities or memory.
4. Regularly review their current health conditions and talk about any medications and supplements being taken that may impact cognitive health.
5. Encourage activities that promote staying socially and intellectually engaged.
6. Ask about sleep habits and recommend getting 7-8 hours of sleep per night.

Benefits of Maintaining Brain Health

The brain controls many aspects of thinking — from remembering to planning, organizing, making decisions, and more. As people age, changes in thinking abilities can diminish the ability to perform everyday tasks and live independently. Maintaining brain health is essential to allowing older adults to think clearly, live independently and engage in activities they enjoy most.

While successful aging is defined as aging without changes in memory or thinking skills that affect activities of daily living, some changes in thinking are common as people get older. For example, older adults may:

- Have difficulty finding the right words or recalling names;
- Find they struggle with multitasking; and
- Experience mild decreases in the ability to pay attention.

Aging may also bring positive cognitive changes. For example, many studies have shown that older adults have more extensive vocabularies and greater knowledge than younger adults. Older adults also have wisdom from a lifetime of accumulated knowledge and experiences. This knowledge and wisdom can help maintain brain health as people age, but how it helps is something researchers are actively trying to understand.

Despite the changes in cognition that may come with age, older adults also tend to be able to manage their emotions and navigate complex social interactions better than younger adults.

Changes in the Aging Brain

As a person gets older, changes occur in all parts of the body, including the brain. Some of the changes in the brain include:

- Certain parts of the brain shrink, especially those important for learning and other complex mental activities.
- In certain brain regions, communication between neurons (nerve cells) may not be as effective.
- Blood flow in the brain may decrease.
- Inflammation, which occurs when the body responds to an injury or disease, may increase.

These changes in the brain can affect cognitive function, even in healthy older people. For example, some older adults may find that they don't do as well as younger individuals on complex memory or learning tests. However, if given enough time to learn a new task, they usually perform just as well. Needing that extra time is normal as we age. There is growing evidence that the brain maintains the ability to change and adapt so that people can manage new challenges and tasks as they age.

Memory and Aging – Warning Signs

It's normal for older adults to worry about changes in their memory and thinking abilities, like taking longer to learn new things or forgetting to pay a bill. These changes are usually associated with mild forgetfulness – often a normal part of aging – and not a sign of a serious memory problem.

Signs of normal aging include:

- Making a bad decision once in a while
- Missing a monthly payment
- Sometimes forgetting which word to use
- Losing things from time to time.

Serious memory problems make it hard to do everyday things like caring for oneself, driving, and shopping. Signs may include:

- Asking the same questions repeatedly
- Getting lost in familiar places
- Not being able to follow instructions
- Becoming confused about time, people and places.

If a patient is experiencing signs of a serious memory problem, talk with the patient and their family members to determine whether the memory and other cognitive problems are normal and to find out what may be causing them.

Memory and other thinking problems have many possible causes, including depression, an infection, or medication side effects. Sometimes, the problem can be treated, and cognition improves. Other times, the problem is a brain disorder, such as Alzheimer's disease, which cannot be reversed.

Talking with your patients and their family members to find the cause of the problem is an important first step to determining the best course of action. From there, conduct a screening test for any patients showing signs of a memory problem to see what might be causing the symptoms. If screening detects a memory problem, refer the patient to a specialist in memory disorders or to a neuropsychologist or neurologist for further evaluation.

II. Prevention

Tips to Maintain Brain Health

Growing evidence shows that key lifestyle changes can help people reduce their risk of cognitive decline. Engaging in healthy behaviors, which have also been shown to reduce cancer, diabetes and heart disease, will help achieve maximum benefits for both the brain and body. And the good news is, it's never too late to encourage your patients to adopt the following healthy habits.

Encourage your patients to start adopting these 8 strategies today to protect their brain health now and in the future.

1. **Exercise –**Several studies have linked regular physical activity with a reduced risk of cognitive decline. Encourage your patients to break a sweat and engage in regular cardiovascular exercise that elevates the heart rate and increases blood flow to the brain and body.

2. **Quit Smoking –** Evidence shows that smoking increases risk of cognitive decline. Urge any smokers to quit smoking in order to reduce their risk of cognitive decline.

3. **Keep a Healthy Heart –** Evidence shows that risk factors for cardiovascular disease and stroke — obesity, high blood pressure and diabetes — negatively impact cognitive health. Working with your patients to prevent and/or manage high blood pressure and cholesterol will help protect their hearts and take care of their brains.

4. **Eat a Healthy and Balanced Diet –** Following a diet that is low in fat and high in vegetables and fruit has also been linked to reducing the risk of cognitive decline. Although research on diet and cognitive function is limited, certain diets, including the Mediterranean, Mediterranean-DASH (Dietary Approaches to Stop Hypertension) and MIND Diet, may contribute to a reduced risk of cognitive decline.

5. **Get Enough Sleep –** Not getting enough sleep may result in problems with memory and thinking, yet a third of American adults report regularly getting less sleep than the recommended 7-8 hours. Urge your patients to sleep at least 7-8 hours per night as part of an overall healthy lifestyle.

6. **Stay Socially Engaged –** Social and intellectual engagement is important to brain health. Pursuing interesting and meaningful social activities helps people keep connections with others and their local communities. Encourage volunteering at a local church or animal shelter or for patients to share the activities they enjoy with friends and family.

7. **Continue Learning and Welcome Challenges–** Challenging and activating the mind by doing puzzles, building furniture or playing games are good ways to encourage strategic thinking. Taking an online class or learning a new language also helps keep the mind sharp.

8. **Don't Forget Mental Health –** Some studies also link depression with increased risk of cognitive decline. Make sure to monitor your patients' stress and refer them for medical attention to investigate symptoms of depression, anxiety or any other mental health concerns to help optimize brain health.

Exercise for Brain Health

Physical activity is a valuable part of any overall body wellness plan and is associated with a lower risk of cognitive decline. Many recent studies have linked regular physical activity with benefits for the brain. In fact, exercise has been linked to stimulating the brain's ability to maintain old network connections and make new ones that are vital to cognitive health, as well as increasing the size of a brain structure important to memory and learning and improving spatial memory.

Aerobic exercise, such as brisk walking, is thought to be more beneficial to cognitive health than non-aerobic stretching and toning exercise. Research is ongoing, but aiming to move for about 30 minutes on most days is shown to have many benefits.

If it's safe for your patients, encourage them to engage in cardiovascular exercise to elevate their heart rate. This will increase the blood flow to the brain and body, providing additional nourishment while reducing potential dementia risk factors like high blood pressure, diabetes and high cholesterol.

Encourage physical activities that may also be mentally or socially engaging, such as walking with a friend, taking a dance class, joining an exercise group or golfing. Incorporating activities your patients enjoy will help them stick with an exercise program. Activities can be as simple as bike riding, gardening or walking the dog.

Brain Healthy Diet Tips

Many foods, including blueberries, leafy greens, and curcumin (found in the spice turmeric), have been studied for their potential cognitive benefit. These foods were thought to have anti-inflammatory, antioxidant or other properties that might help protect the brain. So far, there is no evidence proving that eating or avoiding a specific food can prevent age-related cognitive decline.

While research on the relationship between diet and cognitive function is somewhat limited, it does point to the benefits of a few specific diets that can reduce heart disease and may also be able to reduce the risk of cognitive decline: the DASH (Dietary Approaches to Stop Hypertension) diet and the Mediterranean diet. The MIND diet combines the DASH and Mediterranean diets to create a diet aimed at reducing the risk of dementia and decline in brain health.

The Dietary Approaches to Stop Hypertension (DASH)

The DASH diet aims to reduce blood pressure and recommends:

- Eating foods that are low in saturated fat, total fat and cholesterol, and high in fruits, vegetables and low-fat dairy.
- Consuming whole grain, poultry, fish and nuts.
- Decreasing intake of fats, red meats, sweets, sugared beverages and sodium.

The Mediterranean Diet

The Mediterranean Diet incorporates different principles of healthy eating, typically found in the areas bordering the Mediterranean Sea and recommends:

- Focusing on fruit, vegetables, nuts and grains.
- Replacing butter with healthy fats, like olive oil.
- Limiting red meat.
- Using herbs to flavor food instead of salt.
- Eating fish and poultry at least twice a week.

The MIND Diet

The MIND diet encourages the consumption of all kinds of vegetables, berries, nuts, olive oil, whole grains, fish, beans, poultry and a moderate amount of wine. Specifically, the MIND diet encourages eating the following 10 foods:

- **Green, leafy vegetables:** The MIND diet recommends six or more servings per week of green leafy vegetables, including kale, spinach, cooked greens and salads.
- **All other vegetables:** It's also encouraged to eat another, non-starchy vegetable in addition to the green leafy vegetables at least once a day.
- **Berries:** At least twice a week. Although published research only includes strawberries, other berries like blueberries, raspberries and blackberries are good choices for their antioxidant benefits.
- **Nuts:** Five or more servings or a variety of nuts each week is recommended.
- **Olive oil:** should be used as the main cooking oil.
- **Whole grains:** At least three servings daily of whole grains like oatmeal, quinoa, brown rice, whole-wheat pasta and 100% whole-wheat bread is recommended.

- **Fish:** The MIND Diet recommends one serving of fish per week, specifically fatty fish like salmon, sardines, trout, tuna and mackerel for their high amounts of omega-3 fatty acids.
- **Beans:** should be included in at least four meals every week. This includes all beans, lentils and soybeans.
- **Poultry:** chicken or turkey should be eaten at least twice a week. Note that fried chicken is not encouraged on the MIND diet.
- **Wine:** The MIND Diet recommends no more than one glass daily. While both red and white wine may benefit the brain, much research has focused on the red wine compound resveratrol, which may help protect against Alzheimer's disease.

gMINUTES
MCKNIGHT BRAIN RESEARCH FOUNDATION
Membership and Governance Committee
Conference Call
February 22, 2022

The Membership and Governance Committee of the MBRF conference call was called to order at 12:30 p.m. EST on February 22, 2022.

The following members were present:

Dr. Susan L. Pekarske, Chair of the Membership & Governance Committee
Dr. J. Lee Dockery, Chair Emeritus, MBRF
Dr. Michael Dockery, MBRF Chair
Dr. Madhav Thambisetty, MBRF Vice Chair
Ms. Melanie Cianciotto, Corporate Trustee,
Truist Bank Foundations and Endowments Specialty Practice

Others attending:

Ms. Amy Porter, Executive Director

1. Call to Order/Welcome/Roll Call

Dr. Sue Pekarske, Chair, welcomed the committee members and thanked them for their review of the materials in preparation for the meeting. Dr. Pekarske shared the goal of today's meeting being to review possible models that might be most beneficial as we move forward with the Education initiative. These include an Education Subcommittee, or Education Working Group, and the hiring of a Senior Education Advisor. This recommendation could be forwarded to the Education Committee for their discussion and review, and presented to the full Board for review at the upcoming Trustees' meeting.

2. Approval of Minutes from September 27, 2021, Meeting

The minutes from the September 27, 2021 meeting (Attachment 1) were reviewed and approved as presented.

Action Item 1: The minutes from the September 27, 2021 meeting (Attachment 1) were approved as presented.

3. Review of Updated Committee Activity Timeline

The updated Committee Activity Timeline was shared with the committee for information (Attachment 2).

Action Item 2: The committee received the updated Committee Activity Timeline for information (Attachment 2).

4. Education Committee Subcommittee

a. The committee received the Example Organizational Chart (Attachment 3) for consideration.

b. The committee reviewed the current "Qualifications for Advisory Committee Members" (Attachment 4) as a reference for establishing Education Advisory Subcommittee Members.

c. Draft thank you letter to Robert Krikorian, PhD – the Membership and Governance Committee reviewed and approved the draft thank you letter to Robert Krikorian, PhD (Attachment 5). Ms. Porter will send the approved letter to Dr. Krikorian today.

Action Item 3: The Membership and Governance Committee approved the draft thank you letter to Robert Krikorian, PhD.

5. Education Working Group

a. The committee received the Example Organizational Chart (Attachment 6) for consideration.

b. The committee reviewed the current "Senior Communications Advisor, Duties and Responsibilities" (Attachment 7) as a model for a Senior Education Advisor.

c. The committee reviewed the current "Charter of the Communications Working Group Charter" (Attachment 8) as a model for an Education Working Group.

6. Education Committee Subcommittee vs. Working Group Discussion

The committee discussed how the model of an Education Subcommittee (and the use of Education Advisory Subcommittee members) differs from that of the Education Working Group (EWG). A Senior Education Advisor could be used with both models. Separate qualification documents would need to be created for either structure. The committee feels that the MBRF already has a successful model with the Communications Working Group (and Senior Communications Advisor), and that the Education Working Group would consist of a broad based, distinguished group of individuals who can help to broaden practice, training, licensure and certification. This committee feels that the

Education Committee should develop a draft job description for a Senior Education Advisor and outline the goals and composition of the Education Working Group. Once hired, the Senior Education Advisor would offer input, along with the trustees and Education Committee members, as to whom might be considered as candidates for Education Working Group members.

The Membership and Governance Committee recommends using the model of hiring a Senior Education Advisor, in conjunction with an Education Working Group. In addition, the committee supports the Education Committee as the appropriate committee to develop a job description for the Senior Education Advisor and to develop the structure of the Education Working Group for consideration by the Trustees. Dr. Mike Dockery will share this recommendation of the Membership and Governance Committee with the Education Committee, and this recommendation will also be presented to the full Board at the upcoming Trustees' meeting.

Action Item 4: Dr. Mike Dockery will share the recommendation of the Membership and Governance Committee with the Education Committee, and this recommendation will be presented to the full Board at the upcoming Trustees' meeting.

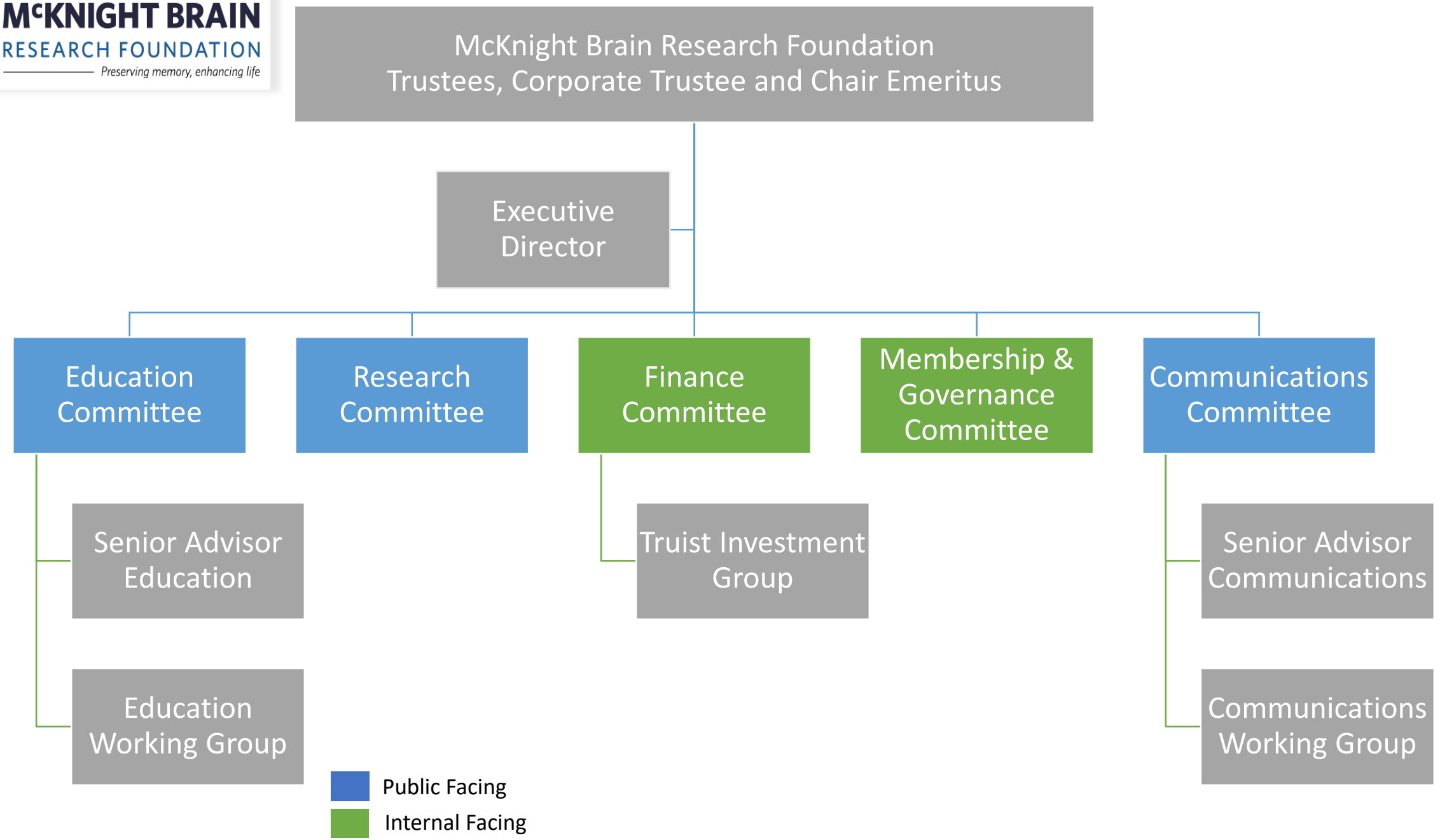
There being no further business, the meeting was adjourned at 1:35 pm EST.

Summary of Action Items:

Respectfully Submitted,

Melanie A. Cianciotto
Truist Bank, Corporate Trustee

McKNIGHT BRAIN RESEARCH FOUNDATION
Preserving memory, enhancing life



McKnight Brain Research Foundation Senior Communications Advisor

Duties and Responsibilities

1. MBRF Communications Tools and Materials

- Maintain the MBRF logo and branding across all materials
- Develop new materials as needed, including brochures, fact sheets, FAQs, etc.
- Draft press releases and news announcements

2. MBRF Website and Social Media

- Draft and post new content to maintain the MBRF website
- Interview experts and draft posts for the monthly Ask the Experts blog series
- Develop themes and draft content on a monthly basis to make 3-4 social media posts each week.
- Plan and implement quarterly social media outreach campaigns

3. MBRF Media Outreach and Tracking

- Work with the MBIs to identify research stories and experts for potential media outreach
- Track media and social media metrics and reach throughout the year and provide quarterly updates to the Trustees

4. Communications Working Group

- Schedule and staff bi-monthly meetings with members of the Communications Working Group to engage in ongoing activities, including:
    - Sharing news announcements and research activities
    - Reviewing, vetting and approving MBI communications materials
    - Providing input on upcoming studies with relevant consumer/medical angles
    - Identifying young researchers and studies of note to highlight on the MBRF website and social media channels

McKnight Brain Research Foundation (MBRF)

Charter of the Communications Working Group

An Advisory Group to the Board of Trustees

Purpose

The purpose of the Communications Working Group is to advise the McKnight Brain Research Foundation Board of Trustees on strategies to raise the level of public awareness about the importance and value to society of research in cognitive aging and age-related memory loss; to enhance public understanding of maintaining cognitive function and preserving memory; foster greater recognition of the history, achievements and current work of the McKnight Brain Research Foundation (MBRF); highlight the scientific research conducted within the network of McKnight Brain Institutes (MBIs); and share this information with the public in a relatable, engaging manner utilizing the McKnight network of experts.

The Communications Working Group will share expertise and ideas for elevating the McKnight Brain Research Foundation brand, will identify communication tools, resources, and audience segments, develop key messages, identify experts as possible spokespeople, identify media contacts, will suggest research of interest to the public, and will advise and recommend development of materials to share with MBRF and across the MBI network. The Communications Working Group will advise the MBRF Board of Trustees on the feasibility for national outreach including a public awareness campaign and will provide input into a communications plan to be reviewed and approved by the Board of Trustees.

Members

The Communications Working Group shall consist of 1 to 3 members from each McKnight Brain Institute. MBI Leadership shall nominate members who have expertise in one or more of these areas: communications, publications, marketing, website development, digital strategies, public relations, media relations, and/or other externally focused areas. Trustee Members will be appointed by the Chairman of the MBRF and, with the Chairman of the MBRF, these trustees will serve as ex officio members of the Communications Working Group. The Executive Director of the MBRF will serve as Chairman of the Communications Working Group.

Meetings

The Communications Working Group shall meet by phone at those times and places as determined by the membership of the group. The Communications Working Group may meet in person annually at the inter-institutional meeting of the McKnight Brain Institutes as determined by the Trustees of the McKnight Brain Research Foundation.